

MINUTES OF THE PUBLIC HEALTH COUNCIL

Meeting of April 12, 2017

MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH

**PUBLIC HEALTH COUNCIL
MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH
Henry I. Bowditch Public Health Council Room, 2nd Floor
250 Washington Street, Boston MA**

Docket: Wednesday, April 12, 2017 - 9:00 AM

1. ROUTINE ITEMS

- a. Introductions
- b. Updates from Commissioner Monica Bharel, MD
- c. Record of the Public Health Council March 8, 2017 Meeting **(Vote)**

2. FINAL REGULATIONS

- a. Request for final promulgation of proposed regulation 105 CMR 432.000: *Minimum Requirements for Personal Flotation Devices for Minor Children at Municipal and Recreational Programs or Camps.* **(Vote)**

3. PRESENTATIONS

- a. Informational briefing from the Office of Preparedness and Emergency Management on Preparations for the 2017 Running of the Boston Marathon.
- b. Informational briefing on Department of Public Health Military Culture Awareness.

The Commissioner and the Public Health Council are defined by law as constituting the Department of Public Health. The Council has one regular meeting per month. These meetings are open to public attendance except when the Council meets in Executive Session. The Council's meetings are not hearings, nor do members of the public have a right to speak or address the Council. The docket will indicate whether or not floor discussions are anticipated. For purposes of fairness since the regular meeting is not a hearing and is not advertised as such, presentations from the floor may require delaying a decision until a subsequent meeting.

Public Health Council

Attendance and Summary of Votes:

Presented below is a summary of the meeting, including time-keeping, attendance and votes cast.

Date of Meeting: Wednesday, April 12, 2017

Beginning Time: 9:13AM **Ending Time:** 10:56AM

Board Member	Attended	Record of the Public Health Council March 8, 2017 Meeting (Vote)	Request for final promulgation of proposed regulation 105 CMR 432.000: Minimum Requirements for Personal Flotation Devices for Minor Children at Municipal and Recreational Programs or Camps. (Vote)
Monica Bharel	Yes	Yes	Yes
Edward Bernstein	Yes	Abstain	Yes
Lisette Blondet	Absent	Absent	Absent
Derek Brindisi	Yes	Yes	Yes
Harold Cox	Yes	Yes	Yes
John Cunningham	Yes	Yes	Yes
Michele David	Yes	Abstain	Yes
Meg Doherty	Yes	Not present at time of vote	Not present at time of vote
Michael Kneeland	Yes	Yes	Yes
Paul Lanzikos	Yes	Yes	Yes
Lucilia Prates-Ramos	Yes	Yes	Yes
Secretary Francisco Ureña	Absent	Absent	Absent
Alan Woodward	Yes	Yes	Yes
Summary	11 Members Present, 2 Members Absent	8 Members Approved, 2 members Absent, 1 Not present at time of vote, 2 abstain	10 Members Approved, 2 members Absent, 1 Not Present at Time of Vote

PROCEEDINGS

A regular meeting of the Massachusetts Department of Public Health's Public Health Council (M.G.L. c. 17, §§ 1, 3) was held on Wednesday, April 12, 2017 at the Massachusetts Department of Public Health, 250 Washington Street, Henry I. Bowditch Public Health Council Room, 2nd Floor, Boston, Massachusetts 02108.

Members present were: Monica Bharel, MD, MPH; Edward Bernstein, MD; Derek Brindisi; Harold Cox; John Cunningham, PhD; Michele David, MD; Meg Doherty; Michael Kneeland, MD; Paul Lanzikos; Lucilia Prates-Ramos; and Alan Woodward, MD.

Absent member(s) were: Lissette Blondet and Secretary Francisco Ureña

Also in attendance was Margret Cooke, General Counsel at the Massachusetts Department of Public Health.

Commissioner Bharel called the meeting to order at 9:13 AM and made opening remarks before reviewing the agenda.

ROUTINE ITEMS

Updates from Commissioner Monica Bharel, M.D., MPH

Commissioner Bharel began by sharing that in support of National Public Health Week, Governor Baker issued a proclamation declaring Public Health Week in the Bay State. The examples in this proclamation emphasize the critical role the Department plays as public health practitioners in advancing the health of Massachusetts, and also highlight our successes along the way. The Commissioner then shared the proclamation for member s to see and read it aloud. The proclamation reads as follows:

Whereas Massachusetts is a national leader in addressing the deadly opioid epidemic and other substance use disorders by building a foundation of prevention, intervention, treatment, and recovery; and

Whereas the Commonwealth's public health, community health, medical and hospital partnerships at the local and state levels have helped make Massachusetts one of the healthiest states in the nation; and

Whereas Massachusetts has been a national leader in evidence-based prevention efforts to lower tobacco use, increase access to health care for our residents, improve infant mortality rates, lower the rate of teenage births, lower childhood lead poisoning rates, promote injury and illness prevention, increase childhood vaccination rates, respond to infectious disease outbreaks and public health emergencies, all the while seeking to eliminate disparities and health inequities; and

Whereas the focus of our public health efforts is to protect and promote the health of all residents, particularly the most vulnerable; and

Whereas Public Health professionals in local and state government, universities, and non-profits in Massachusetts have contributed significantly to improved health outcomes and quality of life for our residents,

Now, Therefore, I, Charles D. Baker, Governor of the Commonwealth of Massachusetts, do hereby proclaim April 3rd to the 7th, 2017 to be Public Health Week,

And urge all the citizens of the Commonwealth to take cognizance of this event and participate fittingly in its observance.

As a part of Public Health Week, the Commissioner visited the Merrimack Valley and spoke at the state's public health museum in Tewksbury about the future of local public health in Massachusetts, and across the country. The Commissioner further stated that as we pursue a mission of equitable health and health opportunity for all that we as the Department of Public Health must continue to be a resource for local health stakeholders. When health disparities are discussed that conversation must also include disparities in local resources. The goal for DPH, as a data driven Department, is to ensure that our work serves as an appropriate resource. DPH has taken strides, including the Chapter 55 work that was highlighted several months ago and the Commissioner looks forward to sharing other data and disparity based initiatives over the coming months.

During Public Health Council week the Commissioner also met with State Representative Rudy Mom at the Cambodian Mutual Assistance Association in Lowell. According to the last census (2010), the US has just under 300,000 individuals of Cambodian decent, with Massachusetts – and specifically Lowell – joining California as the largest host. Commissioner Bharel stated that she heard concerns from attendees about their struggle with opioids as they deal with stress from their life in their home country and transitioning here to the US; and about their children who use opioids to mask the pain of knowing the trauma their parents went through.

Consistent with disease trends in other Asian communities, the Cambodian community is known to experience higher incidence of cancer. They reminded the Commissioner of their efforts to normalize and increase access to primary care. This further emphasizes the need to ensure that public health remains a top focus in our state as we work to achieve access to care for all and reduce health disparities.

Commissioner Bharel also participated in the Massachusetts Medical Society's 13th Annual Public Health Leadership forum, moderated by the Council's own Dean Cox. The Commissioner had the opportunity to discuss data-driven efforts to reduce health inequities, specifically around the Department's ongoing work on Maternal and Children's Health, and on the opioid epidemic.

Concluding Public Health Week, the Commissioner attended the Dimock Center's Annual Breakfast of Champions last week, where she recognized the vital work being done delivering integrated comprehensive health and human services to Boston's neighborhoods; targeting underserved communities, particularly the African American and Latino residents of Roxbury, Dorchester, Mattapan, and Jamaica Plain.

The Commissioner was also able to speak at the Suicide Prevention Conference where she recognized the incredible efforts being done to reduce suicide in Massachusetts. She explained that one of the major problems with suicide is that it is an issue that is difficult to discuss, however, it is clear that we have done a lot of work with suicide prevention and must continue to do so. In 2014, there 608 suicides in Massachusetts – nearly twice the number of motor vehicle related deaths (328) and four times higher than the number of deaths from homicide (147). While the MA suicide rate in 2014 was one of the lowest in the nation (47th), our problem is growing: the suicide rate in Massachusetts increased an average of 3.1% per year between 2004 and 2014. The increase is being driven by white men of middle age.

When discussing suicide, there is also a discussion of complex health and mental issues. 56% of female suicide victims and 41% of males were known to have a history of mental health and/or substance abuse problems. 38% were in current mental health or substance abuse treatment.

In addition to Public Health Week, April is National Minority Month. National Minority Health Month is observed to promote health equity for all minority populations across the country. This year's theme is "Bridging Health Equity Across Communities". Our nation has been observing National Minority Health Month since 1915, when it was initiated by Dr. Booker T. Washington, who said "Without health and long life, all else fails". As we commemorate this important event, we are proud of the work we do every day to eradicate health inequities among minority populations in our state.

Commissioner Bharel gave updates on the House Budget, informing the Council that the House Ways and Means Committee released its proposed budget, which included many of the Governor's priorities for DPH. These include language that would allow our public health data initiative to continue and expand our Chapter 55 efforts, new funding for our Mobile Integrated Health program, DoN and Plan Review work, and additional health care facility inspection staff, as well as new authority to license home health agencies, among others.

The Bureau of Environmental Health has released new and innovative Community Profiles describing the environmental health of each of our 351 cities and towns. These profiles, developed as part of the CDC-funded Environmental Public Health Tracking Program, contain community-specific health and environmental data that are regularly updated, including information on Environmental Justice issues within our communities. The profiles are an invaluable resource to set priorities and inform policy and stakeholders across the state. The Commissioner then thanked Chris Willard, Lara Ariori, Glennon Beresin, Brenda Netreba, and Bob Knorr, who were key in their design and production.

The Massachusetts Infant Mortality Collaborative Improvement and Innovation Network (IM CoIIN--a Maternal and Child Health Bureau/ HRSA initiative) team recently received the 'Best Use of Data for Improvement' Award from the National Institute for Children's Health Quality for their ongoing pursuit of timely data for the purposes of improvement in infant mortality. The MA IM CoIIN is comprised of three initiatives:

- 1) to promote infant safe sleep practices through modeling safe sleep at the birth hospitals,

2) to reduce preterm births by reducing financial and logistical barriers to clinical interventions such as progesterone (17p), and

3) to address the social determinants of health.

This effort was led by Sarah L. Stone, who worked with Beth Buxton, Hafsatou Diop, Karin Downs, Justine Egan, Emily Lu, Lisa McCarthy-Licorish, Susan E. Manning, and Rodrigo Monterrey.

Commissioner Bharel also highlighted a new initiative at DPH. The Department's Office of Preparedness and Emergency Management has been collaborating with the Bureau of Infectious Disease and Laboratory Sciences and the Board of Registration in Medicine to establish a mechanism to communicate urgent alerts and advisories directly to licensed physicians in Massachusetts.

Currently OPEM the Health and Homeland Alert Network sends alerts and notifications to more than 10,000 preparedness contacts at local health departments and healthcare organizations including acute care hospitals, long-term care facilities, emergency medical services and community health centers. This collaboration with BORIM builds in a new capability we don't currently have that will give us the ability to push emergency advisories and information directly to licensed physicians. The physician data can be sorted in multiple ways and allows us to target physician notifications by specialty, geographic area, and practice setting, which allows for better targeting of the information. If we think about Zika virus disease, we might have chosen to provide information directly to OBGYNs, given the risk of the virus to a pregnant woman and her developing fetus. This project was supported with cooperative agreement funding from CDC for Zika virus disease. Our goal is to fold in additional clinicians in the future.

The Department recently had the opportunity to partner with the Massachusetts Advisory Council on Organ and Tissue Transplants to increase the number of people registered as Organ Donors. When looking at the data, we saw that there is a need to increase the number of people registered as organ donors for all age groups, but were intrigued to find that organ donor registrations fall off dramatically among people 50-years old and older. With 22 people on the transplant list nationwide dying each day because the organs they need are not donated in time, we need to do something to change this trend. We have launched a public awareness campaign to encourage residents 50 and older to register as organ and tissue donors. Here's what we want people to know:

- You're Never Too Old to be an Organ Donor
- Age shouldn't stop you from registering to be an organ donor. When it comes to organ donation, age doesn't matter.
- Even if you have a health condition, you may be able to donate organs.

A single organ donor can save the lives of up to 8 people. When you register to become an organ donor, you could be saving not just one person, but 7 other people as well. Registration is fast, easy, and private, and can be done online.

The Commissioner then showed a video from the campaign and provided examples of campaign materials.

Upon conclusion of the video, Commissioner Bharel asked if there were any questions on any of the updates.

Dr. Woodward emphasized the need for outreach to media outlets in order to inform the public of the rich history and role of public health in MA.

Commissioner Bharel thanked him for his comment, acknowledging that although Public Health Week was the previous week, the Department has made strides in getting information out to people via social media. She stated that he raises an excellent point, as some only know about public health when something goes wrong, and urges us to think of creative ways to promote the important work that is done on a daily basis.

Dean Cox asked if there were any information about the Prevention Wellness Trust Fund in the budget review.

Commissioner Bharel informed him that the budget itself does not address the Prevention Wellness Trust Fund. She went on to say that although the program is in its last year, we will continue our work on the connection of clinical and community work.

Dean Cox stated that there is still advocacy in thinking about we reauthorize that particular piece of legislation and it may require additional advocacy from this board as well. He noted the importance of the project in the community and the interest in seeing how it could further impact the community.

Mr. Brindisi congratulated the Commissioner and the Department on the organ donation campaign. He inquired as to whether the registerme.org is linked to UNOS, the New England Organ bank or the state registry.

Commissioner Bharel informed him that previously people had to go to the RMV to register as an organ donor; registerme.org is meant to be an online sign up that functions in a similar way. Once you sign up it is indefinite unless revoked. She stated that this campaign is the first phase of raising awareness.

With no further comments the Commissioner proceeded with the docket.

1. ROUTINE ITEMS

c. Record of the Public Health Council March 8, 2017 Meeting (Vote)

Commissioner Bharel asked if any members had any changes to be included in the March 8, 2017 meeting minutes.

Dr. Kneeland requested that his attendance be changed from absent to present, confirming that he voted in the affirmative for all votes with the exception of the minutes as he abstained.

With that correction, the Commissioner asked for a motion to approve the minutes.

Dr. Kneeland made a motion to approve, and Dr. Woodward seconded the motion. Dr. David and Dr. Bernstein abstained from the vote, as they were not present at the March 8th meeting. All present members approved.

2. FINAL REGULATIONS

a. Request for final promulgation of proposed regulation 105 CMR 432.000: *Minimum Requirements for Personal Flotation Devices for Minor Children at Municipal and Recreational Programs or Camps.* (Vote)

Commissioner Bharel then invited Steve Hughes, Director of the Community Sanitation Program within the Bureau of Environmental Health; Amy Riordan, Environmental Analyst with the Community Sanitation Program; and Jim Ballin, Deputy General Counsel for the Department, to the table to present proposed regulation, 105 CMR 432.000: *Minimum Requirements for Personal Flotation Devices for Minor Children at Municipal and Recreational Programs or Camps* and request approval from the Council.

Upon the conclusion of the presentation, the Council was asked if they had any questions or comments.

The Commissioner then thanked and acknowledged the Frechette family for their work and advocacy.

Mr. Brindisi asked if these regulations will be implemented this summer.

Mr. Hughes stated that is correct. He went on to state that we have already scheduled stakeholder outreach training and spoken to stakeholders about scheduling in short timeline. He concluded by saying that we have also consistently issued guidelines.

Mr. Brindisi asked if local boards of health, rec departments and local municipalities have been kept abreast and whether they are aware that these changes are on the forefront.

Mr. Hughes informed him that they are. They are currently at the end of a process in which they do trainings through MHOA and have informed them of possibilities, tools etc.

Mr. Brindisi asked if there were previous changes to the camp regulations regarding changing the number of days we define as a camp.

Mr. Hughes informed him that is accurate. They went through public comment period in order to bring back before the Council but they have been voted on yet.

Mr. Brindisi then asked for clarification that that will not be ready for the summer.

Mr. Hughes explained that those will not be ready for the summer and that they did an outreach before this in anticipation to let everyone know that any revised pool regulations etc. will not be in affect but the hope is that Christian's Law would be.

Mr. Brindisi asked if municipal camps have to adhere to Christian's Law.

Mr. Hughes informed him that they do.

Mr. Brindisi mentioned budget constraints in many municipalities and discussed municipalities having an allocation for Christian's Law.

Mr. Hughes mentioned that they have been engaged with Mass Recs and Parks, acknowledging that they are on the same page and that guidance has come out every year. During recent trainings they have asked local boards of health if they have any concerns and as of now, there hasn't been an issue.

Dr. Bernstein asked how we assure that equipment is not only available but used.

Mr. Hughes replied that the training in conjunction with the guidance tools as well as outreach to the associations are our mechanism for assuring everyone is knowledgeable

Dr. Bernstein asked if there were regulations that require floatation devices for boating.

Mr. Hughes replied that typically that is a Coast Guard issue however, on a camp lake he isn't 100% sure.

Dr. Woodward asked since most camps use pools, are the pool regulations as tight relative to personal floatation or testing of swimmers.

Mr. Hughes replied that the pool regulations do not address personal flotation devices and at most pools personal flotation devices are available but not necessarily required. As far as swim testing, there is no requirement in the pool regulation for testing, part of that in the inability to truly monitor who goes in and out of the pool. However, camps do have a swim test requirement.

Mr. Williams elaborated on this stating that camps test children prior to any water related activity.

Dr. Woodward asked if campers are determined to be at risk whether or not they are advised to use personal flotation devices.

Mr. Hughes that camps are required to have lifeguards whenever they go to a swimming pool in addition to two counselors.

Dr. Woodward asked if there was a lifeguard requirement for camps if they were at the edge of a pond, for example, rather than a pool.

Mr. Hughes replied that for camps there is a requirement that anytime they go swimming they must have dedicated lifeguards.

With no further questions, Commissioner Bharel asked for a motion to accept 105 CMR 432.000 .

Mr. Brindisi made the motion, Dr. Bernstein seconded the motion. All present members approved.

3. PRESENTATIONS

a. Informational briefing from the Office of Preparedness and Emergency Management on Preparations for the 2017 Running of the Boston Marathon.

Commissioner Bharel then invited Kerin Milesky, Acting Director for the Office of Preparedness and Emergency Management, to the table for an overview of the Office's work preparing for the Boston Marathon.

Ms. Doherty arrives at 9:49am

Dean Cox thanked Ms. Milesky for her presentation and inquired as to what has changed in the Office's preparedness from 2013 to now. He asked if there were things that they learned from the 2013 bombings that have influenced their preparedness now.

Ms. Milesky replied that their largest lesson learned was that they had vulnerability outside the city of Boston. National Guard resources will be at the starting line, they will also do "a proceed" out which will allow them support events earlier in the day. Ms. Milesky also discussed the previous inability to support families that were looking for hospitals they have now built a system, in partnership with the Red Cross, to help families find individuals in the event of an emergency.

Mr. Brindisi asked if the CERF-P team is pre-stationed and waiting to respond or if they are actively working in tents.

Ms. Milesky replied that they do not set up a mobile hospital or tent. They are there and able to respond if necessary, their job is to prep injured individuals for transport. She then informed the Council that if an incident happened elsewhere in the race, they have created connections with both UMASS Medical Center and Rhode Island Hospital.

Mr. Brindisi inquired if they are working with DMAT.

Ms. Milesky replied that she does not believe they currently engage DMAT.

Dr. Bernstein asked about interpreters and if they have a system for that.

Ms. Milesky informed him that this is a part of race operations and the responsibility of the BAA. However, there are runners from 43 different countries and each medical tent has interpreters as well as behavioral health services. The Red Cross also has a service available through Verizon that helps connect individuals with translation needs to their loved ones.

Dr. Cunningham asked how many unofficial runners are anticipated to be present.

Ms. Milesky replied that since 2013 the BAA has done a good job in limiting unofficial runners. She stated that although she does not have an official number, it is nowhere near an issue as it was previously.

Dr. Kneeland inquired about an article that discussed excess mortality during the marathon due to rerouting to get individuals with medical emergencies to appropriate facilities.

Ms. Milesky stated that they haven't yet evaluated the study since it has just come out. However, she commended the consequence planning for the marathon and the work that the hospitals do to

accommodate a possible surge of patients. She also highlighted the fact that the marathon takes place during school vacation week as well as a holiday which also helps congestion.

With no further questions, the Commissioner proceeded with the docket.

3. PRESENTATIONS

b. Informational briefing on Department of Public Health Military Culture Awareness.

Commissioner Bharel then invited Eric Sheehan, Director of the Bureau of Health Care Safety and Quality, and Ben Cluff, Veterans' Services Coordinator for the Bureau of Substance Abuse Services, to the table for a presentation on Military Culture Awareness here at the Department.

Upon the conclusion of their presentation, the Commissioner asked if the Council had any comments or questions.

Mr. Lanzikos thanked Mr. Sheehan and Mr. Cluff for their enlightening presentation. He suggested that they reach out to the Secretary of Elder Affairs in order to give this presentation and shine a light on issues that affect aging veterans. He also suggested speaking with Representative Jerry Parisella.

Mr. Cuff explained that for the last two years they have given a similar presentation at the Aging with Dignity Conference. This year's presentation will include much of this information along with caregiver information for family members.

Mr. Lanzikos then asked what a veteran center is.

Mr. Sheehan explained that there are veteran centers across the Commonwealth that are supported either by the US Department of Veteran Affairs employees and/or the state Department of Veteran Services. There are also veteran resource centers for employment, disability, paperwork etc. and therefore it is a general term that covers a wide array of services.

Mr. Cuff elaborated stating that the formal veteran centers began after Vietnam and are a part of the Department of Veteran Affairs. There are criteria on who can use a veteran center: you must be a combat veteran, have experienced military sexual trauma, or been involved in piloting drones. Record keeping and record sharing is limited there compared to mainstream VA health systems.

Mr. Lanzikos then suggested sharing their presentation to the state university and college system as they are aggressive in outreach and prevention.

Dr. David thanked them for the presentation and appreciates the comments regarding the special needs for women veterans.

Mr. Brindisi noted that in Plymouth the board of selectmen passed a veteran's preference policy for all positions. He noted that many veterans are competing with a workforce who are 3-4 years ahead of them and offered to provide information on their veteran's preference policy if interested.

Dr. Bernstein asked we collect data on health disparities on veterans.

Commissioner Bharel informed him that we have some information on veterans however in most situations it is not well documented and collected. From her clinical experience, when they were working on collecting information it became a barrier to care as individuals did not always want to provide that information.

Mr. Cuff noted that they encourage individuals to ask about military service by saying “have you ever served in the U.S. military” rather than asking “are you a veteran” as it increased the likelihood that someone will respond in the affirmative.

Mr. Sheehan also mentioned the “have you served” campaign that was administered to clinics and hospitals as they are doing their discharges to help identify veterans. He also noted that the question has different impacts generationally, and for some there is a stigma associated to being a veteran. Therefore they hope to educate so that those feel comfortable to come forward in the public health setting.

Dr. Bernstein spoke about an article discussing drug use in Vietnam and asked whether we had any numbers regarding drug use the Gulf War etc.

Mr. Cuff elaborated on it stating that the article believed many would come home from Vietnam with a drug addiction yet the numbers dropped drastically upon arrival. He noted that some of the changes he’s seen are reflective of the changes in the general population and how pain is currently treated.

Dr. Woodward discussed drug culture in the military.

Mr. Cuff elaborated on Dr. Woodward’s comments explaining that drug testing in the military did not begin until 1984 and some of the earliest examples of drug use are correlated to putting mission before self. He also discussed the role of alcohol in the culture. Mr. Cuff also discussed the efforts the VA has done to change the culture through their opioid program and practice.

Mr. Lanzikos acknowledged the prevalence of smoking as well. Mr. Lanzikos also discussed the aging population of veterans and noting that their needs may be different than those of non-veterans

Mr. Cuff replied that 2/3rd of veterans in Massachusetts are over 60 years old and confirmed that their needs are evolving as they get older.

Dean Cox asked if they could shed light on the need for additional services for homeless veterans.

Mr. Sheehan replied that on the federal level there was a program implemented to help eliminate homelessness, in the Commonwealth they have patterned with various agencies to help eradicate this issue. He noted that in Lynn, they have reached functional zero homelessness for all veterans. Boston is now hoping to model a program that will allow them reach functional zero homelessness. Although it is a fair percentage of homelessness in Boston the numbers have decreased.

Ms. Doherty mentioned the work the VA completed on end of life issues for Vietnam veterans through that work it became a program for hospices in delivering specific end of life care.

With no further comments the Commissioner announced that the next meeting will be held Wednesday, May 10th at 9AM. She then asked for a motion to adjourn. Dr. David made the motion, seconded by Dr. Bernstein.

The meeting adjourned at 10:56AM.
